



Arizona Department of Revenue • Unclaimed Property Section

UNCLAIMED PROPERTY REPORT

(Remittance must accompany report)

Date:	Please check one: <input type="checkbox"/> Life Insurance Annual Report <input type="checkbox"/> Annual Report (all other entities)		
Federal ID Number:	Contact Person:		
1. Entity Name:	Telephone: ()		
Address:	State of Incorporation (if incorporated):		
City: State: Zip:	Date of Incorporation (if incorporated):		
Sales/Gross Receipts (millions): <input type="checkbox"/> \$0 - 10 <input type="checkbox"/> \$11 - 25 <input type="checkbox"/> \$26 - 50 <input type="checkbox"/> \$51 - 100 <input type="checkbox"/> \$101+			
Employees: <input type="checkbox"/> 1 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 250 <input type="checkbox"/> 251 - 500 <input type="checkbox"/> 501 - 900 <input type="checkbox"/> 901+			
2. Did you file a report of abandoned property last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain _____			
3. Principal Business Activity Code (PBA), 4 digits: _____			
4. Summary and classification of property reported/remitted on the following attached sheets (i.e. wages, vendor checks, etc.):			
a. Accounts under \$50			\$ _____
b. Accounts over \$50 when owner's name is <i>unknown</i> (attach detailed Schedule A)			\$ _____
c. Accounts over \$50 when owner's name is <i>known</i> (attach detailed Schedule A)			\$ _____
Total Remitted (all accounts):			\$ _____
Shares of Stock: Issue		CUSIP No.	Number Shares

Sent DTC: ☐ Yes ☐ No If "Yes", *enclose confirmation*.

Number of Safe Deposit Boxes Remitted: _____

Name of Previous Holder: If you are a successor to a previous holder of the property, or if you have changed your name, please list such prior names below:

Name _____ Address _____

The undersigned declares under penalty of perjury, that to the best of his/her knowledge and belief, the foregoing information and the information set forth in the schedules attached is true and correct.

Print Name _____

Signature _____

Title _____

Make check payable and mail to: Arizona Department of Revenue Unclaimed Property
PO Box 29026, Phoenix, AZ, 85038-9026

FOR DEPARTMENT USE ONLY			
Reference No.	Check Amount	Deposit Date	Balanced By